



# **COMPREHENSIVE COMMUNITY PREVENTION PLAN**

## **UPDATED JUNE 2007**

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## EXECUTIVE SUMMARY

This document is an update of the 2006 Washoe County Comprehensive Community Prevention Plan (CCPP).

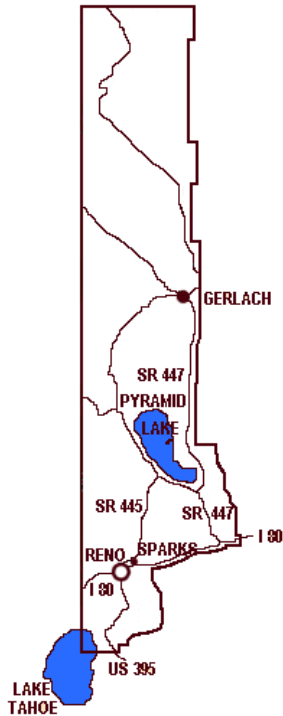
Join Together Northern Nevada (JTNN) is a community based coalition in Washoe County whose mission is to “reduce the impact of substance abuse on the community by improving access to needed prevention, intervention, and treatment services.” JTNN accomplishes its mission through a community needs assessment, planning, community action, prevention programming funding, and initiatives aimed at preventing the use and abuse of various substances, including but not limited to alcohol, marijuana, and methamphetamine.

JTNN is governed by a 15 member volunteer Board of Directors. The coalition consists of the Community Advisory Board (CAB), the Youth CAB, the Washoe County Environmental Strategies Group (underage drinking prevention), and the Meth Community Response Alliance. In addition, JTNN’s staff is comprised of an Executive Director, Project Manager, Coalition Coordinator, and Project Assistant. Finally, the agency contracts with an independent Community Development Director, Evaluator, and Bookkeeper.

The foundation of all JTNN does is anchored in its Community Assessment and development of Washoe County’s Comprehensive Community Prevention Plan (CCPP), completed every two years. The first CCPP was published in 2001. This document is an update of JTNN’s 2006 CCPP for Washoe County, Nevada.

The planning process used in previous CCPP documents was the Western Center for the Application of Prevention Technologies (WestCAPT) *Seven Step Process*. However, in the 2006 document and the 2007 update, the federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, the *Strategic Prevention Framework* (SPF) was utilized. The five steps of the SPF are reflected in the CCPP and are:

- Assessment
- Capacity
- Planning
- Implementation
- Evaluation



**Step 1: Assessment** - JTNN spent the later part of 2005 and early 2006 engaged in collecting existing substance abuse related data from the Nevada Youth Risk Behavior Survey (YRBS), Nevada Kids Count, and more. In addition, eight focus groups were conducted from various sectors of the community. The focus groups were asked about their perception of the substance abuse problem in the community. Since the publication of the 2006 CCPP, JTNN has also identified other areas of data collection related to the methamphetamine problem.

The data and the information from the focus groups was combined and presented to the CABs. Over a series of meetings, the CABs and the JTNN staff identified four risk factors that are the focus of this CCPP. These are:

- Friends who engage in the problem behavior
- Family history of the problem behavior/family management problems
- Community laws and norms favorable toward drug use
- Early initiation of the problem behavior

**Step 2: Capacity** - JTNN spends much of its time mobilizing the capacity of the community to deal with the identified substance abuse problem. This mobilization effort is seen in the CABs, the Meth Alliance, the Environmental Strategies Group, and the dozens of other involvements that JTNN is engaged in the Washoe County community. The sum total of building capacity is the ability to effectively and strategically address substance abuse in its many forms.

**Step 3: Planning** - After assessment and capacity building, JTNN in concert with its many partners developed a strategic plan that addresses each of the four risk factors identified in the assessment section. This plan has served as the prevention blueprint for action since July 1, 2006 and will continue to serve in that capacity in its updated form to June 30, 2008.

**Step 4: Implementation** - This section includes the identification of evidence-based programs, policies, and practices to implement to address the strategies outlined in the planning section. Currently, JTNN is funding six evidence based programs and one environmental strategy in Washoe County targeted at the prioritized risk factors. Further, JTNN and its CABs are continually looking at practices designed to bring the community together and spread the coalition's message, from participating on the Safe & Drug Free Schools Committee, to spearheading an annual mural project, to hosting social events. Finally, through its Environmental Strategies group, JTNN advocates for changing social norms and implementing policies and ordinances designed to protect our local youth.

**Step 5: Evaluation** - Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. JTNN is constantly monitoring the four core measures targeted by the SPF - 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and comparing local data to statewide and national numbers. All programs that are funded through JTNN are rigorously evaluated using standardized instruments. The coalition itself is evaluated to

ensure that it is operating efficiently and effectively, and discussions are currently taking place about the creation of a central database that will house all of the coalition's process and outcome data.

These steps are linear in that they are addressed and completed in order. These steps are cyclical in that they are repeated in the community over time. In the coming year, the plan will be used to determine the direction of prevention in Washoe County. In order to be very clear, the CCPP concludes with a Call to Action, which is the capstone of the document.

The Call to Action essentially charges the JTNN staff, contractors, and volunteers, in concert with various sectors of the community, to implement the plan, as outlined in Section 3: Planning. Consistent and faithful implementation of the CCPP will provide the Washoe County community with an orderly, coherent, and strategic design that will result in "reducing the impact of substance abuse on the community."

## THE STRATEGIC PREVENTION FRAMEWORK

Join Together Northern Nevada has structured this 2007 Comprehensive Community Prevention Plan according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The five steps that comprise the SPF enable coalitions to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. The SPF is conceived of in systemic terms and reflects a public health, or community-based, approach to delivering effective prevention.



**Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps**

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

**Step #2: Capacity - Mobilize and/or build capacity to address needs**

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

**Step #3: Planning - Develop a Comprehensive Strategic Plan**

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces strategic goals, objectives, and performance targets as well as logic models and in some cases preliminary action plans. In addition to the strategic goals, objectives, and performance targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

**Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices**

Implementation involves taking action guided by the Strategic Plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

**Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail**

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant action plans, and measures.



## Step 1: Assessment

JTNN's assessment process includes collecting data to define readiness, community problems, and resources and gaps in Washoe County. Join Together Northern Nevada, Washoe County's Substance Abuse Prevention Coalition, was created in 1995 and cemented in 1999 when it received its first federal grant. Presently the coalition has 115 active adult members and 20 active youth members from a variety of sectors of the community, including law enforcement, education, parents, social service agencies, treatment, tribal, government, and youth. Dozens of others are active participants in JTNN's efforts, comprising the Environmental Strategies Workgroup (addressing underage drinking), the Meth Community Response Alliance, and the JTNN Executive Board.

JTNN's efforts to assess Community Readiness included the Community Readiness Survey, distributed to 139 community members in the fall of 2005. Respondents were asked a series of 14 questions designed to gauge Washoe County's preparedness for the introduction of substance abuse prevention programs. Overall, respondents were realistic about the ATOD problems in Washoe County, with 85.3% agreeing that substance abuse "is a big concern" in their community, 79.1% agreeing that people in their community "tolerate substance use and abuse", and 59.0% *disagreeing* that youth in their community "grow up in an environment protected from the promotion of alcohol and drug use."

On a positive note, 91.3% do not feel pressured to use drugs or alcohol against their will, 92.1% feel that children in Washoe County have positive adult role models who encourage them to make positive choices, and 82.6% feel that this community offers "plenty of ways for children to be involved in positive activities." Additionally, 84.9% believe that people are working together to make Washoe County a better place to live and 84.6% believe that key leaders are supportive of efforts to reduce the impact of substance abuse in Washoe County. It appears that on the whole, Washoe County's residents are aware of the ATOD problems in the community, but are optimistic that local resources and stakeholders could be leveraged to promote protective factors and reduce the impact of alcohol and drug abuse.

JTNN's process of defining Washoe County's substance abuse problems is undertaken every two years and updated annually. First, a complete Community Assessment is conducted utilizing data from the Youth Risk Behavior Survey and archival data sources including the Nevada Kids Count Data Book and the State of Nevada. The document is over a hundred pages long and includes trend data on substance use rates, perceptions associated with use, availability of alcohol and drugs, family issues, peer pressure, school issues, transiency, crime, and poverty. The document in itself provides a wealth of information on the Washoe County community and JTNN uses it extensively to guide its decision making. This document is available in its entirety at [http://www.jtnn.org/pdf/JTNN\\_Needs\\_Assessment\\_2005.pdf](http://www.jtnn.org/pdf/JTNN_Needs_Assessment_2005.pdf). Rather than relying solely on this data, though, JTNN triangulates it with data gathered from focus groups and from its adult and youth Coalition Advisory Boards (CAB and Youth CAB).

In the winter of 2005-2006, JTNN conducted eight focus groups in the community with diverse groups including representatives from law enforcement, the local school district, youth in ATOD treatment, mentors from Big Brothers/Big Sisters, representatives from the Hispanic community, young adults who have aged out of the foster care system, individuals with disabilities, and youth in the criminal justices system. These groups were all asked the same set of questions, including, amongst others, the following:

- “What substances do you think are the biggest problems in Washoe County?”
- “What factors do you think put people at risk for substance abuse?”
- “What do you think could be done to prevent youth from using alcohol and drugs, and what could be done to reduce the impact of substance abuse in this community?”

Though the groups varied widely in their source and demographic composition, certain trends emerged, including, for example, that methamphetamine use and family management issues are big concerns in Washoe County.

Once this data was gathered it was brought back to the adult and youth CABs for processing. Presented with the Community Assessment document and the focus group results, along with their personal experiences and opinions, CAB members began the task of prioritizing risk factors for Washoe County. Once the process was completed, the coalition had prioritized four (4) risk factors for the upcoming two-year period:

- Friends Who Engage in the Problem Behavior
- Family History of the Problem Behavior/Family Management Problems
- Community Laws and Norms Favorable Toward Drug Use
- Early Initiation of the Problem Behavior

These prioritized community problems are those targeted for improvement in 2007-2008. The following tables reveal some of the Middle School (MS) and High School (HS) data associated with these risk factors – percent changes identified in red indicate negative trends (worsening of data) and those indicated in green indicate positive changes (improvements in data).

PRIORITY RISK FACTOR: FRIENDS WHO ENGAGE IN THE PROBLEM BEHAVIOR	2003		2005		Net Change	
	MS	HS	MS	HS	MS	HS
Some, most or all of closest friends use alcohol $\geq 1$ times/month	16.8	51.3	15.1	52.5	↓1.7	↑1.2
Some, most or all of closest friends use tobacco $\geq 1$ times a day	13.8	28.0	10.3	27.5	↓3.5	↓0.5
Ever belonged to a street gang	10.1	10.1	12.4	12.3	↑2.3	↑2.2
Feels there is gang activity at school	40.1	44.4	40.4	52.2	↑0.3	↑7.8
In past 30 days, rode in a car or other vehicle driven by someone who had been drinking alcohol	20.7	23.6	20.7	26.4	-	↑2.8
In past 30 days, drank and drove	7.2	12.4	7.5	14.4	↑0.3	↑2.0

PRIORITY RISK FACTOR: FAMILY HISTORY OF THE PROBLEM BEHAVIOR/FAMILY MANAGEMENT PROBLEMS	2003		2005		Net Change	
	MS	HS	MS	HS	MS	HS
Parents “only sometimes”, “rarely”, or “never” know where they are when they are away from home	11.5	18.8	10.9	19.3	↓0.6	↑0.5
Of those who drink alcohol, usually get their alcoholic beverages from home with or without parental knowledge	61.0	30.2	62.0	31.5	↑1.0	↑1.3
Think that parents/guardians would approve or not care if they attended a party where alcoholic beverages were available	N/A	20.3	N/A	20.0	N/A	↓0.3
Think that parents/guardians would approve or not care if they have 5 or more drinks in a row within a couple of hours	N/A	11.5	N/A	10.3	N/A	↓1.2
Think that parents/guardians would approve or not care if they smoked marijuana	4.9	9.2	5.9	8.6	↑1.0	↓0.6

PRIORITY RISK FACTOR: COMMUNITY LAWS & NORMS FAVORABLE TO ATOD USE	2003		2005		Net Change	
	MS	HS	MS	HS	MS	HS
Were asked to show proof of age when attempting to buy cigarettes in a store in past 30 days	31.0	60.2	22.5	62.0	↓8.5	↑1.8
Of those who smoke cigarettes, bought them in a store or from a vending machine in past 30 days	5.9	26.5	17.3	26.5	↑11.4	-
Carried a weapon such as a gun, knife, or club during the past 30 days	14.1	13.1	14.3	16.0	↑0.2	↑2.9
Been threatened or injured with a weapon such as a gun, knife, or club on school property in past 12 months	8.7	5.4	7.1	7.5	↓1.6	↑2.1
Feel safe and secure in neighborhood most of the time or always	82.4	85.8	83.5	86.5	↑1.1	↑0.7

PRIORITY RISK FACTOR: EARLY INITIATION OF THE PROBLEM BEHAVIOR	2003		2005		Net Change	
	MS	HS	MS	HS	MS	HS
Had first drink of alcohol before age 13	37.5	26.6	33.5	27.3	↓4.0	↑0.7
In past 30 days, had 5 or more drinks of alcohol in a row	16.5	32.3	13.8	33.3	↓2.7	↑1.0
Tried marijuana for the first time before age 13	12.3	9.6	9.6	11.8	↓2.7	↑2.2
In past 30 days, used marijuana	10.3	23.5	8.1	21.7	↓2.2	↓1.8
Had first whole cigarette before age 13	17.3	17.1	12.9	13.8	↓4.4	↓3.3
In past 30 days, smoked a cigarette	11.0	19.4	9.1	20.5	↓1.9	↑1.1
In past 30 days, used cocaine	N/A	5.1	N/A	5.9	N/A	↑0.8
In past 30 days, used inhalants	10.7	4.2	9.9	5.7	↓0.8	↑1.5

Clearly, some data trends are moving in a positive direction and others in a negative direction. Though these numbers are critical in evaluating JTNN's progress at affecting risk factors over the years, they should not be considered in isolation. As discussed above, the process of selecting priority risk factors relied equally on data, focus group information gleaned from the community, and the personal opinions and experiences of JTNN's CAB, which is comprised largely of local service providers. With this micro and macro view of Washoe County, four priority risk factors emerged.

Based on these priority risk factors, three major priorities emerged in Washoe County. The first priority is underage drinking and all-ages intoxication leading to motor vehicle fatalities. This priority outcome is affected (amongst other issues) by all four priority risk factors identified in Washoe County: "Friends Who Engage in the Problem Behavior," "Community Laws & Norms Favorable to Use," "Family History of the Problem Behavior," and "Early Initiation of the Problem Behavior." This priority has been identified by the Nevada State Epidemiological Workgroup (SEW) and is seconded by data gathered at JTNN. Early onset of alcohol use (a JTNN Priority Risk Factor) results in a myriad of problems beyond the obvious health and social consequences of abuse on our youth. In 2005, 27.3% of Washoe County's high school youth report that they had first used alcohol before the age of 13 (compared to 25.6% nationwide). At the middle school level, 41.8% of Washoe County students indicated that they had used alcohol before the age of 13, pointing to a disconcerting upward trend in youth use.

Binge drinking among Washoe County youth (as defined by consuming five or more drinks in a row) is also substantially greater than nationwide. 33.3% of high school youth have engaged in this behavior in Washoe County compared to 25.5% nationwide (2005 YRBS). Adult binge drinking in Nevada is also a major concern, where 39.4% of adults aged 18-25 and 21.4% of adults aged 26 and older have engaged in this behavior in the past month (SAMHSA, 2004 and 2005 National Survey on Drug Use and Health).

Due to the high levels of binge drinking in our community, 2.3% of Washoe County deaths are attributable to chronic liver disease and cirrhosis compared to 1.5% statewide (Nevada State Statistical Abstract, 2003). As mentioned above, these high

levels of alcohol consumption have many negative consequences, including, of course, motor vehicle fatalities. In 2002, almost 700 Nevada residents died from an alcohol or drug related traffic accident, a number that has been increasing steadily over the past several years (Nevada Department of Transportation). In Washoe County in 2002, 60% (22 of 36) of motor vehicle fatalities in this county were alcohol related, compared to 45% statewide (National Highway Traffic Safety Administration).

The priority related to this subject is to “Reduce number of alcohol related motor vehicle fatalities in Nevada.” Data indicators include high prevalence of underage intoxication, binge drinking, driving under the influence (DUI) and riding with an impaired driver, high prevalence of young adult heavy alcoholic drinking, binge drinking and DUI. Outcomes, Intervening Variables, Strategies, and Activities have not yet been determined at this stage.

The logic model (Priorities and Data Indicators) for this priority area is demonstrated below:

Priority	Data Indicators	Outcomes	Intervening Variables	Strategies	Activities
Reduce number of alcohol related motor vehicle fatalities in Nevada	High prevalence of underage intoxication, binge drinking, driving under the influence (DUI) and riding with an impaired driver, high prevalence of young adult heavy alcoholic drinking, binge drinking and DUI	TBD	TBD	TBD	TBD

The second priority, Methamphetamine use among middle and high school students, is also affected (among other issues) by all four priority risk factors identified in Washoe County: “Friends Who Engage in the Problem Behavior,” “Community Laws & Norms Favorable to Use,” “Family History of the Problem Behavior,” and “Early Initiation of the Problem Behavior.” The magnitude of this issue is clearly demonstrated in the Youth Risk Behavior Survey results. Whereas the percentage of nationwide high school youth having tried Meth in their lifetime is 6.2% (2005 YRBS), in Washoe County this number is 10.2% (2005 YRBS). Early experimentation with Meth during school aged years also leads to high levels of adult use in the community. Nevada leads the nation in lifetime, past year, and past month Meth use (SAMHSA, Office of Applied Statistics, National Household Survey on Drug Abuse (persons 12 years and older), annual averages based on 1999, 2000, and 2001).

Local treatment programs are exceeding capacity due to a sharp increase in the number of people seeking treatment for Meth abuse. It is currently the second most common drug of choice leading to treatment in Nevada behind only alcohol (Bureau of Alcohol & Drug Abuse, 2004 Annual Report). Through JTNN’s Meth Community Response Alliance, representatives from law enforcement, treatment, health care, tribes, private sector, government, school district and others have gathered

together to address the Meth problem in Washoe County, which is a testament to how clearly and greatly this drug is affecting our community.

The priority related to this subject is to “Reduce incidence of (new cases) of Meth use among middle and high school students.” Data indicators include high prevalence of self-reported Meth use among middle and high school students (Youth Risk Behavior Survey). Outcomes, Intervening Variables, Strategies, and Activities have not yet been determined at this stage.

The logic model (Priorities and Data Indicators) for this priority area is demonstrated below:

Priority	Data Indicators	Outcomes	Intervening Variables	Strategies	Activities
Reduce incidence of (new cases) of Meth use among middle and high school students	High prevalence of self-reported Meth use among middle and high school students (Youth Risk Behavior Survey)	TBD	TBD	TBD	TBD

The third priority area, reduction in family destruction, is directly affected by the priority risk factors of “Family Management/Conflict” and “Family History of the Problem Behavior.” In Washoe County, one in five high school students feel that their parents would “approve” or “wouldn’t care” if they attended a party where alcohol was served, and 8.6% feel that their parents would “approve” or “wouldn’t care” if they smoked marijuana. Over 1 in 5 answered that their parents/guardians “only sometimes,” “rarely,” or “never” know where they are when they are away from home. In 2002, the Nevada Division of Child and Family Services identified 2,566 reported cases of child abuse. Nevada is commonly known as the “divorce state.” According to the Nevada State Statistical Abstract (2003), Nevada’s divorce rate for that year was 7.1 per 100,000 population compared to 3.8 nationwide. Domestic violence cases are also high in our state. According to the Nevada Network against domestic violence, Nevada’s rate of domestic violence was 1058.6 per 100,000 population in 2004.

The priority for this subject area is to “Reduce family destruction”. Data indicators include a high prevalence of divorce, child abuse/ neglect and domestic violence. Outcomes, Intervening Variables, Strategies, and Activities have not yet been determined at this stage.

The logic model (Priorities and Data Indicators) for this priority area is demonstrated below:

Priority	Data Indicators	Outcomes	Intervening Variables	Strategies	Activities
Reduce family destruction	High prevalence of divorce, child abuse/ neglect and domestic violence	TBD	TBD	TBD	TBD

After undergoing the process of assessing community readiness and community needs, JTNN directed efforts towards assessing what community based resources already existed to address those needs. JTNN's website, [www.jtnn.org](http://www.jtnn.org), includes a list of partner agencies addressing substance abuse and its related issues in Washoe County.

As the JTNN CAB examined the available services, they also looked for gaps in service to any specific geographic area or specific population. The following gaps were noted during this analysis:

- The area of *Community Laws and Norms Favorable Toward Drug Use* is under-represented in the available programs. This is an area of concern and will be addressed through the Advisory Board's efforts as well as those of the Environmental Strategies Group and the Meth Alliance.
- There is the ongoing need for transportation to these services.
- While the greater Reno/Sparks area is adequately covered in services, the North Valleys and outlying areas are in need of either more programs or transportation to the existing programs.
- The general knowledge of the available resources is low even among English speaking residents, not to mention the language barrier that exists for Spanish speaking residents.
- Few programs target youth who are involved in the criminal justice or probation systems, or even for those youth in lesser trouble.

While these identified gaps provide an important starting point for JTNN's CABs, further analysis is required in this area. Specifically, JTNN is in the process of identifying gaps that exist for each of the priority risk factors. This will be critical to ensuring that efficient and effective programs, policies and practices can be brought to Washoe County. With these gaps identified and as more are brought to light, the CABs will attempt to address them through collaborative efforts with other agencies. For example, JTNN is working with Nevada Hispanic Services to provide prevention programming to Hispanic youth. Without this relationship, it is unlikely that JTNN would be able to reach this population to make them aware of services available.



## Step #2: Capacity

The second step in the Strategic Prevention Framework is called “Capacity.” In the Assessment step the data was collected, risk and protective factors identified, and problems, as defined by the data, were defined. In addition, community resources were assessed, including identification of cultural competence, service gaps, and existing prevention “infrastructure” in the Washoe County community.

The next step in the SPF process involves mobilizing resources to meet the need that has been identified. A key aspect of identifying community capacity to deal with substance abuse problems in Washoe County is bringing together key agencies, individuals, and organizations to plan and implement appropriate and sustainable prevention efforts in the community. During 2007-2008 JTNN will continue to accomplish this mobilization in a number of ways:

- **Community Advisory Board (CAB):** JTNN facilitates the CAB, which focuses on agency collaboration and resource sharing. Members include treatment and prevention providers and community residents who identify areas of collective concern as well as gaps that exist for a variety of populations. Once a gap like this is recognized, the community can begin to seek the expansion of prevention or treatment capacity for this population.
- **Youth Community Advisory Board (Youth CAB):** JTNN also facilitates the Youth CAB, which is comprised entirely of middle and high school youth representing seven Washoe County schools. The idea for a youth-led group came from a concern that in order to address youth substance use and addiction, youth need to be involved.
- **Washoe County Environmental Strategies Group:** Comprised of local business leaders, law enforcement personnel, educators and substance abuse professionals, the Environmental Strategies Group works together to reduce underage drinking and to decrease access to recreational marijuana. This Group provides training for alcohol retailers, local law enforcement, and the general public. In addition, the group has worked on creating local ordinances that support environmental strategies that help prevent underage drinking. JTNN convenes and facilitates the Environmental Strategies Group.
- **Meth Community Response Alliance:** In response to the rapid proliferation and growing popularity of methamphetamine, Washoe County's Meth Community Response Alliance has grown from a handful of participants in the fall of 2005 to over 200 participants from dozens of affiliations in Washoe County. The group meets once a month to continually define the problem of methamphetamine in the Washoe County community, develop strategies to deal with those problems described by the data, and mobilize the community to take ownership of a problem that is essentially a local problem. The Alliance develops and provides data, information, awareness, and training on the topic of methamphetamine for social workers, law enforcement, criminal justice workers, primary health care personnel, counselors, and more. The Alliance played a key role in providing information to Nevada legislators who passed

important methamphetamine related legislation in 2007. JTNN has played a key role in developing, facilitating, and maintaining the Alliance.

- JTNN Executive Board: The Executive or Governing Board is made up of 15 volunteer members from various sectors of the community. The Board's charge is to work collaboratively with the Executive Director to insure that JTNN's resources are handled with the greatest care and accountability possible.
- Other involvements: JTNN is and will continue to be involved in other local and statewide coalition efforts such as the Washoe County Chronic Disease Coalition, Nevada Hispanic Services, the Statewide Coalition Partnership, the Substance Abuse Prevention Council, and the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (Nevada AADAPTS).

JTNN creates partnerships that address and strengthen community readiness, cultural competence, and leadership capacity. For each group with which JTNN collaborates, JTNN creates and updates a list of key participants and their contact information. In addition, JTNN has developed and will continue to develop Memoranda of Understanding (MOU) that are used to define the relationship to each agency or group. Finally, JTNN plans to develop a capacity report that will be updated each quarter. This report will show who is involved in which initiatives. This will help the agency see strengths and weaknesses in its community coalition infrastructure.

Essentially, JTNN's work in building capacity in the community sets the stage for the next step of the SPF, which is Planning.



### Step #3: Planning

Planning involves the development of a strategic plan that outlines policies, programs, and practices that create a logical, data-driven plan to address the prioritized risk factors. JTNN's planning process produced priorities, data indicators, outcomes, intervening variables, and strategies specific to goals addressing each priority. The following logic models address JTNN's mission of reducing the impact of substance abuse on the community by improving access to needed prevention, intervention and treatment services. These will guide the implementation of Washoe County's Strategic Prevention Framework.

Priority	Data Indicators	Outcomes	Intervening Variables	Strategies	Activities
Reduce number of alcohol related motor vehicle fatalities in Nevada	High prevalence of underage intoxication, binge drinking, driving under the influence (DUI) and riding with an impaired driver, high prevalence of young adult heavy alcoholic drinking, binge drinking and DUI	Reduction in number of alcohol related motor vehicle fatalities in Nevada	<p>Easy retail access to alcohol</p> <p>Low enforcement of alcohol and drinking &amp; driving laws</p> <p>Social norms and easy social access to alcohol</p> <p>Low perceived risk of drinking &amp; driving</p>	<p>Enforce underage retail sales laws</p> <p>Enforce consistency of application of DUI laws and advocate for stiffer penalties for violation</p> <p>Social Event monitoring and enforcement</p> <p>Media Advocacy to increase community concern about underage drinking</p>	TBD in Step 4 (Implementation)

Priority	Data Indicators	Outcomes	Intervening Variables	Strategies	Activities
Reduce incidence of (new cases) of Meth use among middle and high school students	High prevalence of self-reported Meth use among middle and high school students (Youth Risk Behavior Survey)	Reduction in prevalence of self reported Meth use among middle and high school students	<p>Early initiation of the problem behavior including alcohol and marijuana use and low perception of risk</p> <p>Availability of drugs</p> <p>Family history of the problem behavior</p>	<p>School based education and community awareness campaigns</p> <p>Continued law enforcement efforts to crack down on Meth producing labs and Meth imports</p> <p>Parenting programs</p>	TBD in Step 4 (Implementation)

Priority	Data Indicators	Outcomes	Intervening Variables	Strategies	Activities
Reduce family destruction	High prevalence of divorce, child abuse/ neglect and domestic violence	Reduction in family destruction	<p>Family Management Problems</p> <ul style="list-style-type: none"> <li>- Parents not knowing where their children are when they are away from home</li> </ul> <p>Family History of the Problem Behavior</p> <ul style="list-style-type: none"> <li>- Intergenerational use/abuse of alcohol and drugs</li> <li>- Teen birth rate</li> </ul>	<p>Parenting Programs</p> <p>Increase opportunities for quality interaction between parents and their children</p> <p>Increase opportunities for interacting and partnering with family serving agencies in Washoe County</p> <p>Work towards establishing DEC or similar protocol to rescue children from cycle of intergenerational drug abuse</p> <p>Support efforts of local agencies tackling the teen pregnancy problem (Planned Parenthood, Crisis Pregnancy Center, Washoe County District Health Dept.</p>	TBD in Step 4 (Implementation)



## Step #4: Implementation

This section includes the identification of evidence-based programs, policies, and practices to implement to address the strategies outlined in the planning section. This involves taking action guided by the Strategic Plan. Having researched and evaluated the current drug trends in Washoe County, and having established a plan of action to address those trends, JTNN now looks at the coalition's ability to implement that plan and affect those substance issues.

The following logic models outline some of the activities that will be undertaken to address the three priority areas:

Priority	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Reduce number of alcohol related motor vehicle fatalities in Nevada	High prevalence of underage intoxication, binge drinking, driving under the influence (DUI) and riding with an impaired driver, high prevalence of young adult heavy alcoholic drinking, binge drinking and DUI	Reduction in number of alcohol related motor vehicle fatalities in Nevada	Easy retail access to alcohol	Enforce underage retail sales laws	Conduct retailer trainings, fake ID checks
			Low enforcement of alcohol and drinking & driving laws	Enforce consistency of application of DUI laws and advocate for stiffer penalties for violation	DUI Checkpoints Compliance checks Focused enforcement
			Social norms and easy social access to alcohol	Social Event monitoring and enforcement	Implement community awareness campaign to educate adults about social host laws, continue supporting Environmental Strategies initiative to implement social norming campaign, juvenile party dispersals
			Low perceived risk of drinking & driving	Media Advocacy to increase community concern about underage drinking	Implement community awareness campaign to educated youth and adults about dangers and legal consequences of DUI, develop peer led campaign with Youth CAB

Priority	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Reduce incidence of (new cases) of Meth use among middle and high school students	High prevalence of self-reported Meth use among middle and high school students (Youth Risk Behavior Survey)	Reduction in prevalence of self reported Meth use among middle and high school students	<p>Early initiation of the problem behavior including alcohol and marijuana use and low perception of risk</p> <p>Availability of drugs</p> <p>Family history of the problem behavior</p>	<p>School based education and community awareness campaigns</p> <p>Continued law enforcement efforts to crack down on Meth producing labs and Meth imports</p> <p>Parenting programs</p>	<p>Implementation of school based media campaign and evidence based school curriculum along with community wide media campaign</p> <p>Law enforcement practices</p> <p>Implementation of Parenting programs (ex. Parenting Wisely) to address Family Management &amp; Conflict</p>

Priority	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Reduce family destruction	High prevalence of divorce, child abuse/neglect and domestic violence	Reduction in family destruction	<p>Family Management Problems</p> <ul style="list-style-type: none"> <li>- Parents not knowing where their children are when they are away from home</li> </ul> <p>Family History of the Problem Behavior</p> <ul style="list-style-type: none"> <li>- Intergenerational use/abuse of alcohol and drugs</li> <li>- Teen birth rate</li> </ul>	<p>Parenting Programs</p> <p>Increase opportunities for quality interaction between parents and their children</p> <p>Increase opportunities for interacting and partnering with family serving agencies in Washoe County</p> <p>Work towards establishing DEC or similar protocol to rescue children from cycle of intergenerational drug abuse</p> <p>Support efforts of local agencies tackling the teen pregnancy problem (Planned Parenthood, Crisis Pregnancy Center, Washoe County District Health Department)</p>	<p>Implementation of Parenting programs (ex. Parenting Wisely) to address Family Management &amp; Conflict</p> <p>Continue to support alternative family events with funding and facilitation from CAB (ex. Family Bowling Event)</p> <p>Develop list of agencies, invite them to join the CAB</p> <p>Meth Community Response Alliance DEC Subcommittee to continue working on this issue</p> <p>TBD by coalitions focused specifically on this issue</p>

JTNN will implement three major types of activities. First, environmental strategies that affect local policies and social norms. Second, local practices established that create partnerships and processes. Third, evidence-based programs that scientifically address the prioritized risk factors.

**POLICIES – ENVIRONMENTAL STRATEGIES that address substance use and abuse among the targeted populations:**

▪ **Environmental Strategies Group**

Comprised of local business leaders, law enforcement personnel, educators and substance abuse professionals, the Environmental Strategies group works together to:

- Reduce underage drinking
- Decrease access to recreational marijuana



The Environmental Strategies team collaborates with local partners to conduct regular retailer training seminars for local businesses selling or serving alcohol. Attendees learn about state alcohol laws, tools for identifying false IDs and a system for refusing sales to minors.

In the coming year, the group is planning to evaluate local laws and ordinances as they pertain to underage drinking and then advocate for appropriate changes. In addition, the group is in the process of contacting local judges to encourage them to make retail clerk training mandatory for those clerks cited for selling alcohol to minors.

▪ **Meth Community Response Alliance**

Methamphetamine is a powerful stimulant drug that enjoys current popularity among youth and adults of all social classes and all ethnicities. The drug is easy to get and highly and quickly addictive.

In response to the rapid proliferation and growing popularity of methamphetamine, Washoe County's Meth Community Response Alliance first met on September 26, 2005 and quickly developed their mission, which is, "To define and address the problem of methamphetamine in our community in a strategic and collaborative way." The Meth Community Response Alliance is targeting the implementation of a four point Community Call to Action that embraces treatment on demand, prevention and education in all sectors of the community, social and emotional support for families affected by



methamphetamine, and support for law enforcement to do their job effectively in the arena of meth related crime. The Meth Community Response Alliance held a Methamphetamine Summit that in Washoe County in early 2006. This Summit brought together community leaders and other interested persons to make key decisions on why, how, and when to begin to address this serious problem.

#### **PRACTICES that address issues identified in the strategic plan:**

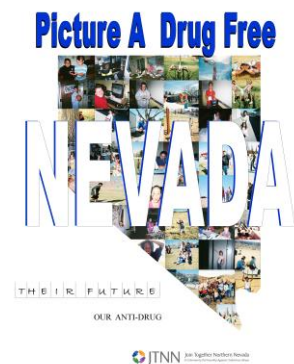
- **Safe and Drug-Free Schools**

The Washoe County School District Safe and Drug Free Schools Advisory Committee serve the school district in the area of substance abuse and violence prevention and intervention under Title IV. The committee collects and disseminates information about substance abuse and violence, including activities and projects conducted within Washoe County, and seeks to coordinate these activities for the maximum impact for the students in the district. Members also contribute suggestions concerning the establishment of school district goals and objectives. Members include representatives of local government, business, pupil services personnel, law enforcement, community-based organizations, school board members, and others with interests and expertise in drug and violence prevention and intervention.

- **My Anti-Drug Mural**

JTNN works with coalition partners and hundreds of local youth to create an anti-drug mural each year. The project goal is to help youth identify what keeps them from using drugs. To date, over a thousand local youth have participated in this initiative.

In 2007, JTNN enlisted more than 500 youth to take pictures with disposable cameras donated by Wal Mart. The photos were put together in the shape of a map of Nevada and entitled, “Picture a Drug Free Nevada.” The five poster size displays were unveiled at the Boys and Girls Club of Truckee Meadows in Reno on May 30. Through a project evaluation, we learned that only 43% of participating students had even thought about their anti-drug prior to working on the project. However, after the murals were completed, 90% of participants reported that they can name their anti-drug. Further, 93.3% reported that participation in the project “made me think about things that are more important to me than using drugs,” and 94.4% enjoyed participating in the project.

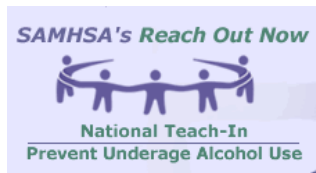


- **Project Safe Neighborhoods**

JTNN administers a Project Safe Neighborhoods (PSN) grant, which is an initiative from the federal Attorney General's Office funded by the Department of Justice through the State of Nevada Office of Criminal Justice Assistance (OCJA). PSN provides for prevention and intervention programs targeted towards youth who have or are in danger of using firearms illegally. The three funded programs in Nevada are implemented by Goshen Coalition in Las Vegas, Nevada Partners in Las Vegas and Quest Counseling and Consulting in Reno.

- **Reach Out Now Teach-In**

JTNN regularly partners with the Washoe County School District to bring the Reach Out Now Teach-In alcohol prevention program to schools in our community. The program focuses on educating 5th grade students, parents and caregivers about the harmful effects of underage drinking. The initiative created by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, takes place each April.



- **Substance Abuse Help Line**

JTNN's partnership with the Reno-based Crisis Call Center resulted in the creation of a free, confidential, 24-hour-a-day, phone line staffed by substance abuse professionals and available to residents throughout Nevada. Callers are provided with referrals to substance abuse treatment resources throughout the state.

The toll-free Substance Abuse Help Line was established in 2000 to assist people who have questions or concerns regarding alcohol and drug related issues. Nevada is one of the few states to have a dedicated help line.

This is a small example of the programs that are available. The Substance Abuse and Mental Health Services Administration (SAMHSA) has collected the science-based prevention programs and organized them so that communities can research the hundreds of available programs and build them into their own communities to address their identified risk factors.

*SAMHSA Model Program*

[www.samhsa.gov](http://www.samhsa.gov)



## Step #5: Evaluation

Evaluation measures the impact of the SPF and the implemented programs, policies, and practices. The evaluation process is meant to be a tool that provides useful information to help coalitions in their work. Evaluation involves collecting, analyzing, and interpreting information about how a coalition implements its strategies and activities and what changes occur as a result. JTNN's Evaluation Plan is based on the Drug Free Communities Support Program National Evaluation Framework. Specifically, it addresses the nine components of the National Evaluation Framework, as outlined in the following table:

DFC Coalition Composition, Characteristics & Capacity	Function	Outcomes		Potential Long Term Impact
1. Coalition Composition/Structure 2. Coalition Characteristics 3. Coalition Capacity	4. Coalition Functions and Activities 5. Immediate Process and Activity Outputs	6. Intermediate Outcomes	7. Substance Abuse Outcomes	8. Health Outcomes and Behavioral Changes
9. Cultural and Other Contextual Conditions				

### Steps 1-3 (Coalition Composition/Structure, Coalition Characteristics, and Coalition Capacity):

Coalition capacity refers to JTNN's ability to mobilize its members in such a way that they are effective at implementing substance abuse reduction strategies, policies, and interventions. Important measures will include the community sectors and organizations involved in the coalition, organizations and capabilities of coalition members, presence of coalition bylaws and formal leadership, capacity building activities, sources and amounts of matching funding, and training and technical assistance. Coalition process encompasses JTNN's activities, initiatives, results of these initiatives, citizen engagement/participation, planning, and operational improvements.

The purpose of gathering this data is to determine if JTNN's coalition is well represented to act effectively. Once this data is analyzed, it often leads to conclusions and steps to be taken. For example, studies show that African American youth are incarcerated at a much higher than average rate for alcohol and drug infractions. In order to address this issue, JTNN will partner with a newly formed coalition serving the African American community to access these youth. This relationship will be fostered through the CAB.

**Steps 4-6 (Coalition Functions and Activities, Immediate Process and Activity Outputs, and Intermediate Outcomes):**

JTNN gathers data on coalition functions and activities, immediate process and activity outputs, and intermediate outcomes on an ongoing basis. Every activity that is undertaken is documented and evaluated. Each time JTNN plans a new initiative, it is a collaboration between the Coalition Coordinator, the Evaluator, and any other partners who can contribute.

One recent example of this collaboration is JTNN's "My Anti-Drug" Mural project, which has now become an annual initiative. Early in the planning stages, a steering committee was established with the Coalition Coordinator, Evaluator, Community Development Director, and several coalition members. The goals and objectives of the project were mapped out and survey instruments were created to assess these. Participating youth and their parents/guardians completed pre and post surveys to measure changes in their knowledge and attitudes as a result of this initiative. Once the project had been completed, JTNN drafted an evaluation report that outlined the process followed and outcomes arrived at as a result of the initiative. This report, along with many others like it, is stored at JTNN and available to the community.

Relevant data is extracted from these reports for further reporting purposes, but most importantly to drive the direction of the coalition. Initiatives that are demonstrated to be successful are improved upon and re-introduced. Those that are found to be less successful are modified to better suit needs, or tabled where appropriate. This continuous, real-time feedback loop enables JTNN to make educated decisions about funding and resource allocation to ensure that the coalition's goals are met as quickly and efficiently as possible.

**Step 7 (Substance Abuse Outcomes):**

JTNN is required by a national grant to track data on four core measures – Past 30-day use, Perception of Risk, Age on Onset, and Perception of Peer Disapproval. Washoe County utilizes the Youth Risk Behavior Survey (YRBS) to collect this data. The advantage to collecting this consistent set of data is that it enables trend analysis and comparison to national numbers. Additionally, as outlined in the Assessment Section above, JTNN's bi-annual Community Assessment provides a great deal of information on substance abuse in Washoe County. Many of the published results are available for the past ten or more years, allowing JTNN to evaluate its success in addressing particular substance abuse concerns. For example, JTNN is now aggressively tackling the methamphetamine problem in Washoe County. Data on youth meth use is available from 2001 to present and is gathered every two years. The next YRBS (administered in 2007) will hopefully show a decline in lifetime use of methamphetamines, indicating to JTNN that coalition efforts have been successful.

In addition to these youth related core measures, JTNN also monitors data on adult substance abuse related issues. Using the state's Behavioral Risk Factor Surveillance Survey (BRFSS) data, JTNN tracks adult consumption of alcohol and tobacco. Using the *Healthy People Nevada* report, JTNN monitors data related to substance abuse related deaths, including liver disease/cirrhosis, accidents, and suicide.

The purpose of gathering this data is two-fold: first, to demonstrate and evaluate where JTNN has been and what changes have been affected, and second, to guide the coalition in selecting future risk factors and initiatives (programs, policies, and practices). For example, JTNN through its Environmental Strategies Group has been working for several years to improve retailer compliance with asking for identification from purchasers of alcohol and cigarettes. According to the 2005 High School Youth Risk Behavior Survey, 62.0% of students were asked to provide ID when purchasing cigarettes in the past month, a 1.8% improvement over the previous survey (2003). The results demonstrate that the retailer compliance program is working, but that much still needs to be done in this area.

Another example of how data is used is the recent discovery that high school boys are experiencing dramatic increases in their use of cocaine and methamphetamine, while high school girls are demonstrating declining use. While this phenomenon is not yet understood, the availability of this data is spawning discussions within both the Meth Community Response Alliance and the CAB about the cause of this occurrence, and how to prevent male use from increasing even further. Having this type of information available in real time is critical to ensuring that JTNN can act to prevent dangerous trends from accelerating.

**Step 8 (Health Outcomes & Behavioral Changes):**

JTNN also monitors data on long-term health outcomes. While the link to substance abuse prevention may be difficult to prove, it is nevertheless seen by the agency and its partners as the long term goal of coalition activities. Specifically, JTNN monitors data on the following health related issues: Access to Health Care, Cancer, Diabetes, Family Planning, Heart Disease & Stroke, HIV, Immunization & Infectious Diseases, Injury & Violence Prevention, Maternal, Infant & Child Death, Mental Health, Nutrition and Obesity, Physical Activity and Fitness, Respiratory Diseases, and Sexually Transmitted Diseases.

JTNN will track data related to each priority outcome per the following tables:

Outcome	Intervening Variables	Strategies	Activities	Data Collected
Reduction in number of alcohol related motor vehicle fatalities in Nevada	Easy retail access to alcohol	Enforce underage retail sales laws	Conduct retailer trainings	<ul style="list-style-type: none"> <li>• Number of retailer trainings conducted and number of attendees</li> <li>• Results of pre/post test measuring increase in participant understanding of retail sales laws</li> </ul>
	Low enforcement of alcohol and drinking & driving laws	Enforce consistency of application of DUI laws and advocate for stiffer penalties for violation	DUI Checkpoints, focused enforcement, saturation patrols	<ul style="list-style-type: none"> <li>• Number of vehicles stopped at DUI checkpoints</li> <li>• Number of checkpoint stops leading to arrest and conviction for DUI</li> <li>• Analysis of penalties assessed for DUI to determine if these are sufficient to deter drivers from drinking and driving</li> </ul>
	Social norms and easy social access to alcohol	Social Event monitoring and enforcement	Implement community awareness campaign to educated adults about social host laws, continue supporting Environmental Strategies initiative to implement social norming campaign	<ul style="list-style-type: none"> <li>• Number of citizens exposed to social norming/social host laws campaign as measured through, for example, frequency of radio spots and number of radio listeners, number of posters displayed, number of ads placed and circulation of newspapers, etc.</li> </ul>
	Low perceived risk of drinking & driving	Media Advocacy to increase community concern about underage drinking	Implement community awareness campaign to educated youth and adults about dangers and legal consequences of DUI, develop peer led campaign with Youth CAB	<ul style="list-style-type: none"> <li>• Number of citizens exposed to DUI consequences campaign as measured through, for example, frequency of radio spots and number of radio listeners, number of posters displayed, number of ads placed and circulation of newspapers, etc.</li> <li>• "Curriculum" developed by Youth CAB for peer led campaign and number of youth exposed to this curriculum</li> </ul>

Outcome	Intervening Variables	Strategies	Activities	Data Collected
Reduction in prevalence of self reported Meth use among middle and high school students	Early initiation of the problem behavior including alcohol and marijuana use and low perception of risk	School based education and community awareness campaigns	Implementation of school based media campaign and evidence based school curriculum along with community wide media campaign	<ul style="list-style-type: none"> <li>• Collateral materials collected for school based media campaign including radio spots, posters, flyers, videos, etc.</li> <li>• Number of citizens exposed to "Early Initiation Campaign" (dangers of early use of alcohol &amp; marijuana potentially leading to meth, etc.) as measured through, for example, frequency of radio spots and number of radio listeners, number of posters displayed, number of ads placed and circulation of newspapers, etc.</li> <li>• YRBS results indicating age of first experimentation with alcohol &amp; marijuana, YRBS data indicating lifetime use of Meth</li> </ul>
	Availability of drugs	Continued law enforcement efforts to crack down on Meth producing labs and Meth imports	Law enforcement practices	<ul style="list-style-type: none"> <li>• DEA data on number of local Meth labs busted</li> <li>• Any data available on international pseudoephedrine sales</li> <li>• Local data on pseudoephedrine purchases provided by new tracking system (AB 150)</li> <li>• Street price and purity of Meth</li> </ul>
	Family history of the problem behavior	Parenting programs	Implementation of Parenting programs (ex. Parenting Wisely) to address Family Management & Conflict	<ul style="list-style-type: none"> <li>• Number of parenting programs implemented and number of clients served</li> <li>• Pre/post tests based on instruments provided with Model Program (ex. Parenting Wisely)</li> </ul>

Outcome	Intervening Variables	Strategies	Activities	Data Collected
Reduction in family destruction	Family Management Problems <ul style="list-style-type: none"> <li>- Parents not knowing where their children are when they are away from home</li> </ul>	Parenting Programs	Implementation of Parenting programs (ex. Parenting Wisely) to address Family Management & Conflict	<ul style="list-style-type: none"> <li>• Number of parenting programs implemented and number of clients served</li> <li>• Pre/post tests based on instruments provided with Model Program (ex. Parenting Wisely)</li> </ul>
		Increase opportunities for quality interaction between parents and their children	Continue to support alternative family events with funding and facilitation from CAB (ex. Family Bowling Event)	<ul style="list-style-type: none"> <li>• Amount of JTNN funding in place for family events</li> <li>• Number of attendees at CAB sponsored family events</li> </ul>
		Increase opportunities for interacting and partnering with family serving agencies in Washoe County	Develop list of agencies, invite them to join the CAB	<ul style="list-style-type: none"> <li>• List of family serving agencies in Washoe County that participate in the CAB</li> <li>• Attendance and meeting records for CAB</li> </ul>
	Family History of the Problem Behavior <ul style="list-style-type: none"> <li>- Intergenerational use/abuse of alcohol and drugs</li> <li>- Teen birth rate</li> </ul>	Work towards establishing DEC or similar protocol to rescue children from cycle of intergenerational drug abuse	Meth Community Response Alliance DEC Subcommittee to continue working on this issue	<ul style="list-style-type: none"> <li>• Meeting minutes and attendance for DEC Subcommittee meetings outlining progress towards implementation of DEC</li> <li>• MOUs signed by participants once protocols have been established and go into effect</li> <li>• Number of youth served through DEC program</li> </ul>
		Support efforts of local agencies tackling the teen pregnancy problem (Planned Parenthood, Crisis Pregnancy Center, Washoe County District Health Department)	TBD by coalitions focused specifically on this issue	<ul style="list-style-type: none"> <li>• TBD based on activities</li> </ul>

Confidentiality of data and informed participant consent are of the utmost importance to JTNN. The following bullets outline the measures that will be taken for each of the data gathering activities outlined above:

- Number of parenting programs implemented and number of clients served: Clients will be asked to fill out a registration form with the program implementer including participant name, contact information, age, gender, marital status, zip code, ethnicity, and number of children. The implementer will only pass along basic participant demographic information to JTNN (age, gender, marital status, zip code, ethnicity, and number of children) without including name or contact information.
- Pre/post tests based on instruments provided with Model Program (ex. Parenting Wisely): Clients will be informed in writing that their participation in any pre/post tests is purely voluntary and that they can participate in the prevention initiative without participating in the surveys. Consent forms will be signed and maintained by the program implementer for the duration of the funding cycle. No names will be collected at any time on surveys, nor will a coding system be used to link individual pre and post surveys.
- Number of attendees at CAB sponsored family events: Names will not be collected at any family sponsored events, but basic demographic information (age, gender, marital status, zip code, ethnicity, and number of children) will be collected.
- Number of youth served through DEC program: Names will not be collected for any youth served through DEC, but basic demographic information (age, gender, zip code, and ethnicity) will be collected.
- Number of retailer trainings conducted and number of attendees: Names will not be collected for any retailers trained, but basic demographic information (age, gender, zip code, and ethnicity) will be collected.
- Results of pre/post test measuring increase in participant understanding of retail sales laws: Participants will be informed in writing that their participation in any pre/post tests is purely voluntary and that they can participate in the training without participating in the surveys. No names will be collected at any time on surveys, nor will a coding system be used to link individual pre and post surveys.
- Number of vehicles stopped at DUI checkpoints and number of checkpoint stops leading to arrest and conviction for DUI: Aggregate numbers only will be gathered from law enforcement, no attempt will be made to specify individuals' names or demographic information.
- YRBS results indicating increase in age of first experimentation with alcohol & marijuana and lifetime Meth use: YRBS data is provided by Washoe County School District and the Nevada Department of Education. Participation in the YRBS is voluntary through a passive parental consent system. Demographic information is provided but no names are indicated at any point in the process.

**COMMUNITY CALL TO ACTION:**

Based on the assessed needs of the community and the identified risk factors, the 2006 and the updated 2007 Washoe County Comprehensive Community Prevention Plan (CCPP) lays out a logical course of action. It cannot be laid on a shelf somewhere to collect dust. Specifically, the CCPP planning section, which contains the Strategic Plan, will be made into a document that can be read and handled easily. JTNN staff, contractors, and volunteers will take the plan to the:

- JTNN Board
- CAB
- Youth CAB
- Meth Alliance
- Environmental Strategies Group

Each group will have the opportunity to review the plan and to choose which areas they would like to have input and on which areas they would like to work on specifically. While the staff will do much of the organizing work of implementing, essentially the community is responsible to perform the work entailed in the plan. This method of disseminating the CCPP and making it a working document will further mobilize the community behind a plan that they generated and with which they continue to interact.

Join Together Northern Nevada is dedicated to reducing the impact of substance abuse on Washoe County by improving access to prevention, intervention and treatment services. Only with support and commitment from the community can this mission become a reality. Anyone wishing to help us achieve our goals is encouraged to call 775-324-7557 or email Executive Director Kevin Quint at [kquint@jtnn.org](mailto:kquint@jtnn.org). There are many ways to get involved!

*Thank you for your interest in our community.*